

BEST AVAILABLE COPY

MULTIPLE DEPEN CLAIM FEE CALCULATION SHEET (FOR USE WITH FEE SCHEDULE PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S) 1 3 0 4 6 9							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	5	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	8	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS	[REDACTED]		[REDACTED]		[REDACTED]	